

Date of Deposit: July 2, 2002

PART B - FEE(S) TRANSMITTAL

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7590 06/19/2002

Ivor R. Elrifi
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 Boston, MA 02111-3202 JC41
 08/486,313 06/07/1995 SAMUEL WEISS A-61105-11/D 6538

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(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
08/486,313	06/07/1995	SAMUEL WEISS	A-61105-11/D	6538

TITLE OF INVENTION: NEURAL TRANSPLANTATION USING PROLIFERATED MULTIPOTENT NEURAL STEM CELLS AND THEIR PROGENY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$640	\$0	\$640	09/19/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
BAKER, ANNE MARIE	1632	424-093100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Mintz, Levin, Cohn, Ferris,
 Glovsky and Popeo, P.C.

Ivor R. Elrifi, Esq.

Christina V. Karnakis, Esq.
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

NeuroSpheres Holdings Ltd.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Calgary, Alberta, CANADA

Please check the appropriate assignee category or categories (will not be printed on the patent)

4a. The following fee(s) are enclosed:

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4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.

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(Authorized Signature)  (Date) July 2, 2002

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